

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11378

62-044780

FILED NOV 30 1962

VS 300
Rev. 4/59

1
2 201
3
4 0
5 1
6
7 0
8 2
9
10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 618 Wilmington ave.		d. STREET ADDRESS (If outside, give location) 618 Wilmington ave.	
3. NAME OF DECEASED (Type or print) First John Middle F. Last Rickman		4. DATE OF DEATH Month November Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Worker-Retired		10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.	
13a. FATHER'S NAME John H. Rickman		13b. MOTHER'S MAIDEN NAME Sarah Hymann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 331X	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Hypertension DUE TO (c) Arterio Sclerotic Heart Disease		17. INFORMANT Norman Loos 7219 Eugene ave.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from Dec 12 1959 to Nov 24 1962 and last saw him alive on Nov 24 1962		Death occurred at 8:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Max Starbuck MD (Degree or title)		22b. ADDRESS 512 Dow Place	
22c. DATE 11-27-1962		22d. DATE SIGNED 11/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery	
23c. LOCATION (City, town, or county) St. Louis		23d. ADDRESS 7801 Genesta ave. Affton, Mo.	
25. DATE RECD. BY LOCAL REG. NOV 27 1962		26. REGISTRAR'S SIGNATURE Rod Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawrence C. Hoffmeister

Licensed Embalmer No. 3831

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Starckloff
12-6 Mon
Dover
512
72-3-1706